

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009 (VIA EFS-WEB)</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional)  AD6883USNA																							
Application Number 10/627902	Filed July 25, 2003	Confirmation No. 3469																							
For IMPROVED THERMOPLASTIC POLYMERIC OVENWARE																									
Art Unit 1794	Examiner																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Fee</th> <th style="width: 40%; text-align: center;">Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ 130.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>				Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																									
<input type="checkbox"/> A check in the amount of the fee is enclosed.																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																									
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.																									
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>																									
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number _____ 45,116</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p>																									
<input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> /Loretta F. Smith/ <input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> Signature		<input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> 27 May 2010 <input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> Date																							
<input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> LORETTA F. SMITH <input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> Typed or printed name		<input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> 302-992-2151 <input style="width: 100%; border: none; border-bottom: 1px solid black; height: 1em; vertical-align: middle;" type="text"/> Telephone Number																							
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																									